

He recommends further the knee-elbow posture, with its distinct elevation of the pelvis, as the most desirable one for rectal surgery, since it controls hæmorrhage through elevation, gives excellent access to the field of operation, and facilitates manipulations with the chisel, the pelvis being supported by sand-bags placed under the anterior iliac spines.

When the nature of the case permits the flap to be returned to its place and sutured, the result will be an ideal one as regards restitution of the normal contour of the sacral region. In suturing the transverse incision the author has always passed the needle down to the bone, but has never included the bone itself in a suture by any device. Nevertheless, firm union of the bone-surfaces has always followed. Where secondary operations have necessitated renewed elevation of the flap, he has not found the secondary operation any more tedious than the first; greater care only being required to avoid the rectum which has become drawn close to the anterior face of the sacrum by cicatricial contraction. In cases in which tamponnade of the wound cavity is necessary for some time, the temptation to suture the flap back should be resisted, and the wound cavity be left entirely open, notwithstanding some retraction of the flap and some deformity will develop after a time. Any such deformity can be readily remedied by a subsequent slight plastic operation.—*Medical Record*, July 28, 1894.

ABDOMEN.

I. Splenectomy for Enlarged Spleen with Twisted Pedicle followed by Recovery. By W. J. CONKLIN, M.D. (Dayton, Ohio). The patient was a woman, twenty-nine years of age, the subject of an enlarged spleen, presumably of malarial origin. No examinations of the blood were made, but the symptoms of leukæmia were absent. She had for some months been cognizant of a freely movable tumor in the lower abdomen. An abdominal section demonstrated the tumor to be the enlarged and displaced spleen. She also had a small cyst of one ovary, which was removed. The

spleen was replaced in its proper position, and a suitable retaining bandage advised. Three months later, while doing the family washing, she was seized with agonizing pain in the abdomen, followed by persistent vomiting, tympanitic and tender abdomen, obstinate constipation, and great increase in the size of the tumor. Temperature at first normal, after some days began to range from 99° F. to 101° F. After the continuance of these symptoms with irregular fluctuations for two weeks, the abdomen was again opened by a long incision along the outer border of the left rectus muscle. The greatly-swollen spleen was found with extensive adhesions to abdominal wall, omentum, and intestines. The pedicle was long, twisted through three complete turns, and with its engorged and tortuous vessels resembled a huge umbilical cord. It was transfixed and tied with silk and dropped back. The hæmorrhage attending the operation was slight and easily controlled. The shock, however, was profound and long-continued. After reaction was obtained the subsequent convalescence was uneventful. There were no subsequent glandular swellings. The minute examination of the removed spleen showed thickening of the trabecular and intercellular connective tissue, and pigment in the vessel walls, indicative of chronic hyperplasia, probably due to malaria.

Seven months after the removal of the spleen, when the report was made, the patient has grown very fleshy, and is in excellent health, save a very troublesome tendency to drowsiness.—*Medical Record*, July 28, 1894.

II. Stomach-Reefing. By Dr. BRANDT (Klausenburg). This operation has been performed by Brandt for dilatation of the stomach. It is well known that the stomach becomes enlarged in cases of pyloric stenosis due to new growth, cicatricial contraction, or bands of adhesions. The rational treatment of this stomach-trouble is the removal of the cause. This is accomplished by pylorus resection and excision of pyloric cicatrices, which have been so successfully done during the past few years. It sometimes happens, however, that after opening the abdomen no such a cause is found for